

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

041504
0576 U.S.P.T.O.

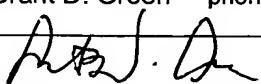
UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No.	R0163B-REG
(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))		First Inventor	James Patrick Dunn
		Title	SUBSTITUTED QUINAZOLINE COMPOUNDS USEFUL AS P38 KINASE INHIBITORS
		Express Mail Label No.	EH 814 668 012 US

20553 U.S.P.T.O./824731
041504

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450	
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 45] (preferred arrangement set forth below) - Descriptive title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure</p> <p>4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 1]</p> <p>5. Oath or Declaration [Total Sheets 4] a. <input checked="" type="checkbox"/> Newly executed (copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (for a continuation/divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>		<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies</p>	
ACCOMPANYING APPLICATIONS PARTS			
<p>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 C.F.R. 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other: _____</p>			
<p>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) <input type="checkbox"/> of prior application No: _____ / _____ Prior application information: Examiner _____ Art Unit: _____</p> <p>Claim for Benefit of Provisional Application(s): This Application claims the benefit under title 35 U.S.C. 119(e) of U.S. Provisional Application No. 60/463,467, filed April 16, 2003.</p>			

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label		24372 (Insert Customer No. or Attach bar code label here)		or <input type="checkbox"/> Correspondence address below	
Name	Grant D. Green ROCHE PALO ALTO LLC				
Address	Patent Law Dept., M/S A2-250 3431 Hillview Avenue				
City	Palo Alto	State	CA	Zip Code	94304
Country	U.S.A.	Telephone	650/ 855-5311	Fax	650/ 855-5322

Name (Print/Type)	Grant D. Green phone 650/ 855-5311	Registration No.	31,259
Signature			Date
		April 15, 2004	

FEE TRANSMITTAL for FY 2004

Effective 01/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

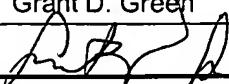
TOTAL AMOUNT OF PAYMENT (\$)

928.00

Complete if Known	
Application Number	New Application
Filing Date	herewith
First Named Inventor	James Patrick Dunn.
Examiner Name	unassigned
Art Unit	unassigned
Attorney Docket No.	R0163B-REG

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)																																	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number 18-1700 Deposit Account Name Roche Palo Alto LLC 3431 Hillview Avenue Palo Alto, CA 94304				3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> </tr> </thead> <tbody> <tr> <td>Fee Code</td> <td>Fee (\$)</td> <td>Fee Code</td> <td>Fee (\$)</td> <td>Fee Description</td> <td>Fee Paid</td> </tr> </tbody> </table> 1051 130 2051 65 SurchARGE - late filing fee or oath 1052 50 2052 25 SurchARGE - late provisional filing fee or cover sheet. 1053 130 1053 130 Non-English specification 1812 2,520 1812 2,520 For filing a request for reexamination 1804 920* 1804 920* Requesting publication of SIR prior to Examiner action 1805 1,840* 1805 1,840* Requesting publication of SIR after Examiner action 1251 110 2251 55 Extension for reply within first month 1252 410 2252 205 Extension for reply within second month 1253 930 2253 465 Extension for reply within third month 1254 1,450 2254 725 Extension for reply within fourth month 1255 1,970 2255 985 Extension for reply within fifth month 1401 320 2401 160 Notice of Appeal 1402 320 2402 160 Filing a brief in support of an appeal 1403 280 2403 140 Request for oral hearing 1451 1,510 1451 1,510 Petition to institute a public use proceeding 1452 110 2452 55 Petition to revive - unavoidable 1453 1,300 2453 650 Petition to revive - unintentional 1501 1,300 2501 650 Utility issue fee (or reissue) 1502 470 2502 235 Design issue fee 1503 630 2503 315 Plant issue fee 1460 130 1460 130 Petitions to the Commissioner 1807 50 1807 50 Processing fee under 37 CFR 1.17 (q) 1806 180 1806 180 Submission of Information Disclosure Stmt 8021 40 8021 40 Recording each patent assignment per property (times number of properties) 1809 750 2809 375 Filing a submission after final rejection (37 CFR § 1.129(a)) 1810 750 2810 375 For each additional invention to be examined (37 CFR § 1.129(b)) 1801 750 2801 375 Request for Continued Examination (RCE) 1802 900 1802 900 Request for expedited examination of a design application Other fee (specify) _____				Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid																						
Large Entity	Small Entity																																				
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid																																
1. BASIC FILING FEE <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> </tr> </thead> <tbody> <tr> <td>Fee Code</td> <td>Fee (\$)</td> <td>Fee Code</td> <td>Fee (\$)</td> <td>Fee Description</td> <td>Fee Paid</td> </tr> </tbody> </table> 1001 770 Utility filing fee 770.00 1002 330 Design filing fee 1003 520 Plant filing fee 1004 750 Reissue filing fee 1005 160 Provisional filing fee SUBTOTAL (1) (\$ 770)				Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid																										
Large Entity	Small Entity																																				
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid																																
2. EXTRA CLAIM FEES <table border="1"> <thead> <tr> <th>Total Claims</th> <th>Independent Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>24</td> <td>4</td> <td>20 **</td> <td>18</td> <td>72</td> </tr> <tr> <td>4</td> <td>1</td> <td>3 **</td> <td>86</td> <td>86</td> </tr> <tr> <td></td> <td></td> <td></td> <td>X</td> <td>0</td> </tr> </tbody> </table> 1807 50 -20 ** = 4 X 18 = 72 1806 180 4 -3 ** = 1 X 86 = 86 8021 40 1809 750 1810 750 1801 750 1802 900				Total Claims	Independent Claims	Extra Claims	Fee from below	Fee Paid	24	4	20 **	18	72	4	1	3 **	86	86				X	0														
Total Claims	Independent Claims	Extra Claims	Fee from below	Fee Paid																																	
24	4	20 **	18	72																																	
4	1	3 **	86	86																																	
			X	0																																	
Large Entity <table border="1"> <thead> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td></td> <td></td> <td>Claims in excess of 20</td> </tr> <tr> <td>1201</td> <td>86</td> <td></td> <td></td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>1203</td> <td>280</td> <td></td> <td></td> <td>Multiple dependent claim, if not paid</td> </tr> <tr> <td>1204</td> <td>84</td> <td></td> <td></td> <td>** Reissue independent claims over original patent</td> </tr> <tr> <td>1205</td> <td>18</td> <td></td> <td></td> <td>** Reissue claims in excess of 20 and over original patent</td> </tr> </tbody> </table> SUBTOTAL (2) (\$ 158.00)				Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	1202	18			Claims in excess of 20	1201	86			Independent claims in excess of 3	1203	280			Multiple dependent claim, if not paid	1204	84			** Reissue independent claims over original patent	1205	18			** Reissue claims in excess of 20 and over original patent	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$ 0)			
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description																																	
1202	18			Claims in excess of 20																																	
1201	86			Independent claims in excess of 3																																	
1203	280			Multiple dependent claim, if not paid																																	
1204	84			** Reissue independent claims over original patent																																	
1205	18			** Reissue claims in excess of 20 and over original patent																																	

**or number previously paid, if greater; For Reissues, see above

SUBMITTED BY					
Complete (if applicable)					
Name (Print/Type)	Grant D. Green	Registration No.	31,259	Telephone	650/855-5311
Signature				Date	April 15, 2004

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.